

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 6/15/14Page 37

Name of Committee in Full			Registration Number, if PAC	
Committee for Chris Brown for Judge				
Full Name of Contributor			Amount	
Todd Parston			50.00	
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
666 Monticello Court		06	05	14
City	State	Zip Code	Form (Cash, Check, etc.)	
Antiskala	OH	43062		
Full Name of Contributor			Registration Number, if PAC	
David Thomas				
Street Address			Amount	
511 S. High Street			25.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215		
Full Name of Contributor			Registration Number, if PAC	
R. William Meeks				
Street Address			Amount	
511 S. High Street			250.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215		
Full Name of Contributor			Registration Number, if PAC	
Lisa M. Tame				
Street Address			Amount	
511 S. High Street			50.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215		
Full Name of Contributor			Registration Number, if PAC	
Lawrence Levinson				
Street Address			Amount	
4477 Ackerly Farm Rd			75.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
New Albany	OH	43054		
Full Name of Contributor			Registration Number, if PAC	
Yavitch + Palmer Co. LPA				
Street Address			Amount	
511 S. High Street			150.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215		
Full Name of Contributor			Registration Number, if PAC	
Patricia Nemeth				
Street Address			Amount	
8743 Woodlands Court			50.00	
City	State	Zip Code	Form (Cash, Check, etc.)	
Pickerington	OH	43147		

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,900	00
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Total expenditures this event.

1173	00
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95.67

Page Total \$ 650.00